

Submit 1 Copy To Appropriate District Office

District I - (575) 393-6161  
1625 N. French Dr., Hobbs, NM 88240  
District II - (575) 748-1283  
811 S. First St., Artesia, NM 88210  
District III - (505) 334-6178  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV - (505) 476-3460  
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
Revised July 18, 2013

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

WELL API NO. <b>30-025-27508</b>
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/> FED <input type="checkbox"/>
6. State Oil & Gas Lease No. <b>LC32339</b>
7. Lease Name or Unit Agreement Name <b>G H Mattix Federal</b>
8. Well Number <b>007</b>
9. OGRID Number <b>16696</b>
10. Pool name or Wildcat <b>Langlie Mattix; 7Rvrs-Q-Grayburg</b>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>3249</b>

**SUNDRY NOTICES AND REPORTS ON WELLS**  
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: Oil Well  Gas Well  Other: Injection/SWD

2. Name of Operator  
**Oxy USA Inc**

3. Address of Operator  
**PO Box 27757 Houston, TX 77046**

4. Well Location  
Unit Letter K : 1980 feet from the South line and 1980 feet from the West line  
Section 03 Township 24S Range 37E NMPM County Lea

**HOBBE OGD**  
**JUL 30 2020**  
**RECEIVED**

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Spud Date:  Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Santiago Felix Huerta TITLE lease operator DATE 7/20/20

Type or print name Santiago F Huerta E-mail address: Santiago\_huerta@oxy.com PHONE: 5753616678

**For State Use Only**  
APPROVED BY: Kerry Judd TITLE CO A DATE 7-30-20  
Conditions of Approval (if any)

HOBBS OCD

JUL 30 2020

REG

